

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

10/5398

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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4						
5						
6						
7						
8						
9			1			
10			1			
11						
12						
13						
14			1			
15			1			
16			1			
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28			1			
29			1			
30			1			
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44						
45						
46			1			
47			1			
48						
49						
50						
TOTAL IND.			7			
TOTAL DEP.			38			
TOTAL CLAIMS			46			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLADAS			██████████		██████████	